

SNOHOMISH COUNTY SUPERFORM

Synopsis / PC for Arrest

(Include all elements of the crimes, date of violation, and location of crimes)

On 6/4/2018 at approx. 1016 hours I Officer M. Michel arrived on a cold assault at Fairfax Monroe. On arrival I spoke with Jennifer Mae Roman a nurse/caregiver that works for the facility. Jennifer told me earlier that morning she was in the elevator with Naomi Blackman who started causing a disturbance in the elevator with staff.

When Jennifer attempted to help staff with Naomi she grabbed on to Jennifer's hair and would not let go, pulling it causing severe pain. Jennifer said it was hurting so bad that her hand went up to try and relieve the pain and pull in the opposite direction as Naomi to relieve the pain that was coming from her scalp. Eventually Naomi was able to pull a large clump of hair out of Jennifer's head and Jennifer told me she has neck pain now.

Jennifer also reported that Naomi has assaulted other nurses on staff in the past even taking a chunk of flesh out of ones arm, but they have not reported it. With Jennifer's assault and her being a nurse/caregiver for Naomi, I arrested Naomi for Assault 3rd.

Naomi passively resisted the arrest attempting to pull her arms away from me and I had to push her arms behind her back into cuffing position. Once she was cuffed and double locked I transported her to Snohomish County Jail for booking. While en route to jail Naomi continually slipped out of her seat belt and would stand in my back seat and I would have to pull over and re secure her physically because she would not verbally comply. Once we arrived at the Jail Naomi refused to exit my vehicle and Jail staff had to physically remove her from my vehicle.

I certify or declare under the penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct. (RCW 9A.71.085)							
OFFICER'S NAME: Michel, Max		PC# 2052		CONTACT#		TRANSPORT OFFICER:	
OFFICER'S SIGNATURE:		Snohomish County, WA		06/04/2018		PRECINCT/STATION:	
		Location signed: City State		Date			
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INQUIRY/INVESTIGATION		INVESTIGATOR		DOCKET NUMBER		DATE/TIME	
ARRP	EXC4	OTHER/CLO	PA	OSHS	JUV	DET: PROB / CTH / RECD	APPROVAL
ARRJ	EXC3	USE	PAT	OSHS	4H	OTHER	

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